



Facts for Feeding

Recommended Practices to Improve Infant Nutrition during the First Six Months

Facts for Feeding is a series of publications on recommended feeding and dietary practices to improve nutritional status at various points in the life cycle. This issue focuses on the infant's first six months of life. Policy makers, health care providers, and communicators can use these guidelines for developing messages and activities appropriate to local conditions.

Local assessments should be conducted to determine the emphasis to give to each of the recommended feeding practices, to identify audiences that are most receptive to change, and to design messages and activities based on audience profiles. Experience shows that focusing on a limited set of very specific behaviors is key to improving nutrition.

1 *Initiate breastfeeding within about one hour of birth*

Early initiation:

- ◆ Takes advantage of the newborn's intense suckling reflex and alert state.
- ◆ Stimulates breastmilk production.
- ◆ Serves as the baby's first immunization. The infant will immediately benefit from the antibodies present in colostrum (the first milk).
- ◆ Minimizes maternal postpartum hemorrhage.
- ◆ Fosters mother-child bonding.

2 *Establish good breastfeeding skills (proper positioning, attachment, and effective feeding)*

- ◆ Baby should be held close to the mother, facing the breast with the baby's ear, shoulder, and hip in a straight line.
- ◆ Infant's mouth should open wide just before attaching so that the nipple and as much of the areola as possible are in the mouth. If properly attached, the lips are rolled outward, with the tongue over the lower gum.
- ◆ Signs of effective feeding should be observed: visible jaw movement drawing milk out, rhythmical suckling with an audible swallow, and no drawing in of cheeks.
- ◆ To encourage effective suckling and to prevent the introduction of contaminants, no bottles or pacifiers (dummies or artificial teats) should be used. If a mother has to miss a breastfeed, she can maintain her supply by expressing milk when she would have breastfed. Expressed breastmilk can be fed by cup at a later time.

Recommended Practices

3 *Breastfeed exclusively for about the first six months*

- ◆ Breastmilk should be a baby's first taste. There should be no prelacteal feeds such as water, other liquids, or ritual foods.
- ◆ Breastmilk completely satisfies an infant's nutritional and fluid needs for about the first six months. Infants do not need water or other liquids such as herbal teas to maintain good hydration, even in hot climates. The potential dangers of water supplementation include the introduction of contaminants and reduced nutrient intake.
- ◆ Exclusively breastfed children are at a much lower risk of infection from diarrhea and acute respiratory infections than infants who receive other foods. Offering foods to infants before six months reduces breastmilk intake and interferes with full absorption of breastmilk nutrients.
- ◆ Exclusive breastfeeding contributes to a delay in the return of fertility.

4 *Practice frequent, on-demand breastfeeding, including night feeds*

- ◆ Babies should be fed 8–12 times per 24 hours, every 2–3 hours or more frequently if needed, especially in the early months.
- ◆ An infant's stomach is small and needs to be refilled often. Breastmilk is perfectly adapted to the baby's small stomach size because it is easily digested.
- ◆ Frequent feedings help maintain the mother's milk supply, maximize the contraceptive effect, and provide immune factors at each feeding. They also help to prevent problems, such as

breast engorgement, that might discourage a woman from breastfeeding.

- ◆ If a baby urinates at least six times in 24 hours, this is a sign that breastmilk intake is adequate. If not, more breastfeeding is necessary, or breastfeeding technique should be assessed.

5 *In areas where vitamin A deficiency occurs, lactating women should take a high-dose vitamin A supplement (200,000 IU) as soon as possible after delivery, but no later than 8 weeks postpartum, to ensure adequate vitamin A content in breastmilk*

- ◆ The concentration of vitamin A in breastmilk depends on a woman's vitamin A status and the changing needs of her growing infant. Preterm infants and infants born in areas where vitamin A deficiency is prevalent are at particular risk of vitamin A deficiency.
- ◆ The earlier the single high-dose vitamin A supplement is given to a lactating woman, the sooner the vitamin A status of her breastfed child will improve.
- ◆ Beginning around eight weeks after childbirth, women are at heightened risk of pregnancy (especially if they are not fully breastfeeding). Because a high-dose vitamin A supplement can be harmful to a fetus, women should not be given the high-dose supplement any time after eight weeks postpartum.

6 *Continue on-demand breastfeeding and introduce complementary foods beginning around 6 months of age (see *Facts for Feeding: Guidelines for Appropriate Complementary Feeding of Children 6-24 Months of Age*)*

Benefits of Breastmilk and Breastfeeding

Although most women in developing countries initiate breastfeeding, the promotion of breastmilk substitutes, changing societal values, urbanization, and the erosion of traditional support systems pose threats to breastfeeding. The benefits of breastfeeding and the differences between breastmilk and breastmilk substitutes need to be repeated to reinforce the message, educate new audiences, and sustain individual behavior change.

Nutritional Benefits

Meets all of an infant's nutritional requirements for about the first six months and is superior to any substitute.

Changes in composition to meet baby's changing needs.

Continues to be an important source of high quality protein, energy, vitamins (especially vitamin A), minerals, and fatty acids for older infants and toddlers.

Health Benefits

For infant: Protects against illnesses and enhances the baby's immune system, providing long-term protection against diabetes and cancer.

For mother: Reduces risk of maternal postpartum hemorrhage.

Helps shrink the uterus back to normal size.

Delays return of menses, helping to protect mother against anemia by conserving iron.

Reduces risk of developing premenopausal breast and ovarian cancer.

Knowledge of the health benefits of breastfeeding is usually inadequate to motivate women to adopt optimal practices. Mothers need specific, culturally appropriate information that responds to their constraints and concerns to enable them to make better feeding choices.

Child Spacing Benefits

During the first six months, frequent and intense breastfeeding can delay resumption of ovulation and return of menses, thereby decreasing the likelihood of pregnancy during the period of lactational amenorrhea. Longer intervals between births bring health benefits to the mother and the child, allow more time and resources for care of the child and siblings, and contribute to the economic well-being of the household.

The Lactational Amenorrhea Method (LAM) provides another family planning option for

women who meet three criteria: full breastfeeding, no return of menses, and less than six months postpartum. If any one of these criteria is not met, another family planning method must be used to ensure adequate birth spacing of three years.

Psychological and Developmental Benefits

Fosters mother-infant bonding and optimal growth and development, including brain growth.

Economic Benefits

Saves families the cost of purchasing breastmilk substitutes and reduces health care costs.

Environmental Benefits

Conserves natural resources and reduces pollution.

Supporting Interventions

Barriers to improved breastfeeding practices should be addressed by ensuring a favorable policy environment, providing accurate information, offering practical help and encouragement, and creating social support.

Health Services

Take advantage of the numerous opportunities to promote and support optimal breastfeeding practices in child survival, primary health care, and family planning programs.

Prenatal and Postpartum Care: Include as part of prenatal care a breast exam, a breastfeeding history, and counseling on the benefits of exclusive breastfeeding, early initiation of breastfeeding, and colostrum. Provide counseling on the Lactational Amenorrhea Method (LAM) as a family planning method. If another method is desired, encourage using one that does not interfere with breastfeeding.

Postpartum Care: Support the Ten Steps to Successful Breastfeeding (WHO/UNICEF 1989 Statement) and coordinate with “Baby-Friendly” hospitals, health facilities, organizations, and groups that promote breastfeeding. Ensure adequate postpartum follow-up for the breastfeeding mother and baby.

Health Care Facilities: Offer appropriate family planning methods for lactating women, including LAM, non-hormonal methods, and progestin-only contraceptives.

Training

Support the training of health care providers in lactation management skills, as well as curriculum modification in professional schools to include lactation management education.

Policies

Establish, enforce, and/or support policies that regulate and monitor the marketing and use of breastmilk substitutes. Set standards of care in health care institutions.

Workplace

Promote “Mother-Baby Friendly” workplaces and public locales. Advocate for family leave and the availability of appropriate areas for milk expression or breastfeeding.

Community

Promote and affiliate with community-based breastfeeding support activities: peer counselors, mother-to-mother support groups, and community education networks. Use social marketing techniques to develop effective breastfeeding messages to spread throughout the community.

Women's Nutrition

Ensure adequate nutritional status during pregnancy and lactation, as well as during adolescence and between pregnancies, to build up and maintain energy and micronutrient reserves.

Educational Materials

Ensure the availability of culturally appropriate and easily understood educational materials for adolescent girls and women of child-bearing age and their families. Messages should address concerns about water requirements of infants, mothers' doubts about the adequacy of their breastmilk, and other issues, such as employment, that may act as barriers to exclusive breastfeeding.



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